

ISSUE SLIP STAPLE AREA (for additional cross references)

1-0000 U. D. PTO

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	H-5	866	3-97-01
RESPONSE FORMALITY REVIEW			2

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

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If more than 150 claims or 10 actions  
 staple additional sheet here

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